Provider Type 26 Psychologist Reimbursement Rates

Updated: November 8, 2011

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

Note:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

CPT codes, descriptions and other data only are copyright © 2008 American Medical Association. All rights reserved. Applicable FARS/DFARS apply. CPT is a registered trademark ® of the American Medical Association.

Modifier List

Procedure	Description	Mod	Rate
90801	PSY DX INTERVIEW		125.23
90802	INTAC PSY DX INTERVIEW		133.23
90804	PSYTX OFFICE 20-30 MIN		55.39
90806	PSYTX OFF 45-50 MIN		83.08
90808	PSYTX OFFICE 75-80 MIN		122.77
90810	INTAC PSYTX OFF 20-30 MIN		59.69
90812	INTAC PSYTX OFF 45-50 MIN		88.31
90814	INTAC PSYTX OFF 75-80 MIN		128.93
90816	PSYTX HOSP 20-30 MIN		57.85
90818	PSYTX HOSP 45-50 MIN		85.54
90823	INTAC PSYTX HOSP 20-30 MIN		64.00
90826	INTAC PSYTX HOSP 45-50 MIN		92.00
90845	PSYCHOANALYSIS		79.69
90846	FAMILY PSYTX W/O PATIENT		81.42
90847	FAMILY PSYTX W/PATIENT		97.85
90849	MULTIPLE FAMILY GROUP PSYTX		28.53
90853	GROUP PSYCHOTHERAPY		29.85
90857	INTAC GROUP PSYTX		32.00
90875	PSYCHOPHYSIOLOGICAL THERAPY		67.08
90876	PSYCHOPHYSIOLOGICAL THERAPY		97.85
90901	BIOFEEDBACK TRAIN ANY METH		39.69
90911	BIOFEEDBACK PERI/URO/RECTAL		56.92
96020	FUNCTIONAL BRAIN MAPPING	26	33.14
96101	PSYCHO TESTING BY PSYCH/PHYS		79.91
96102	PSYCHO TESTING BY TECHNICIAN		36.94
96103	PSYCHO TESTING ADMIN BY COMP		23.13

Due e a alcuna	Description	N 4 = =	Deta
Procedure	Description Description	Mod	Rate
96111	DEVELOPMENTAL TEST EXTEND		112.36
96116	NEUROBEHAVIORAL STATUS EXAM		89.95
96118	NEUROPSYCH TST BY PSYCH/PHYS		107.92
96119	NEUROPSYCH TESTING BY TEC		55.62
96120	NEUROPSYCH TST ADMIN W/COMP		40.14
96150	ASSESS HLTH/BEHAVE INIT		22.77
96151	ASSESS HLTH/BEHAVE SUBSEQ		22.15
96152	INTERVENE HLTH/BEHAVE INDIV		21.23
96153	INTERVENE HLTH/BEHAVE GROUP		4.62
96154	INTERV HLTH/BEHAV FAM W/PT		20.62
99224	SUBSEQUENT OBSERVATION CARE SUBSE		25.59
99225	SUBSEQUENT OBSERVATION CARE SUBSE		45.16
99226	SUBSEQUENT OBSERVATION CARE SUBSE		67.61
H0002	ALCOHOL AND/OR DRUG SCREENIN		30.77
H0004	ALCOHOL AND/OR DRUG SERVICES		30.28
H0004	ALCOHOL AND/OR DRUG SERVICES	HQ	7.25
H0031	MH HEALTH ASSESS BY NON-MD		182.59
H0038	SELF-HELP/PEER SVC PER 15MIN		7.88
H0038	SELF-HELP/PEER SVC PER 15MIN	HQ	1.58
H2011	CRISIS INTERVEN SVC, 15 MIN		21.71
H2011	CRISIS INTERVEN SVC, 15 MIN	GT	12.17
H2011	CRISIS INTERVEN SVC, 15 MIN	HT	34.22
H2012	BEHAV HLTH DAY TREAT, PER HR		32.43
H2014	SKILLS TRAIN AND DEV, 15 MIN		9.09
H2014	SKILLS TRAIN AND DEV, 15 MIN	HQ	2.27
H2017	PSYSOC REHAB SVC, PER 15 MIN		14.38
H2017	PSYSOC REHAB SVC, PER 15 MIN	HQ	3.60
T1016	CASE MANAGEMENT		8.61